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Summary of midterm reviews and major evaluations of country programmes

West and Central Africa

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 2003.

Midterm reviews

Ghana

1. **Midterm review preparation process.** A steering committee chaired by the director of the multilateral division and comprising representatives from all sectors was established in March 2003. The committee set up five thematic groups to analyse the programme's achievements, with the participation of partners at national and regional as well as district levels. The administrators of government department programmes chaired these thematic groups. A working group of young people was established with the task of analysing programme responses to the situation of

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adolescents and formulating recommendations. The results of national reviews of key sectors such as education and health, dracunculiasis, the prevention of mother-to-child HIV transmission and the integrated community-based development programme were used for the review. Field visits were organized by the thematic groups for gathering information. Along with project follow-up reports, routine data and evaluations, these documents served to analyse achievements and formulate recommendations.

2. **The situation of children and women.** Ghana's population is estimated to be 18.9 million, 47 per cent of which is under the age of 18 years and 24 per cent women of childbearing age. The demographic and health survey indicates that one child in nine dies before reaching the age of five years. Infant and child mortality has fallen by 30 per cent since 1988. Malaria remains the prime cause of child mortality and is responsible for 22 per cent of child deaths. There has been no reduction in child malnutrition in the last 10 years: 26 per cent of children are small for their age; 25 per cent are underweight for their age. The maternal mortality rate, which was 214 per 100,000 live births at the beginning of the 1990s, does not seem to have fallen. HIV prevalence increased from 2.3 per cent in 2000 to 3.4 per cent in 2002. The number of reported cases increased from 6,289 in 2000 to 9,185 in 2002. The total number of HIV/AIDS cases increased from 40,029 to 64,314 between 2000 and 2002. The age group 15-24 accounted for 9 per cent of cases in 2002. The rate of access to drinking water has risen from 37 per cent to 44 per cent. After being virtually eradicated, dracunculiasis has re-emerged, with an alarming number of registered cases, the majority of which are in the northern regions of the country.

3. The gross primary school enrolment ratio increased from 72 per cent in 1997-1998 to 80 per cent in 2001-2002. Geographical disparities persist, with the three northern regions still the most disadvantaged in many respects. In these regions, 80 to 85 per cent of women are illiterate, and that is three times the level seen in Accra. The number of street children in Accra is increasing, and is estimated to be about 20,000. Furthermore, 27 per cent of children aged between 7 and 15 years are economically active. Female genital mutilation is practised in some parts of the north.

4. **Key achievements and constraints.** Cooperation with ministerial departments and non-governmental organizations (NGOs) has enhanced awareness of child abuse, including sexual abuse, as is shown by the increased number of criminals (paedophiles) sentenced. The number of rape cases reported to the police unit dealing with juvenile justice and women tripled from 2001 to 2002, increasing from 181 to 475. This increase demonstrates public confidence in the system that has been set in place. With the help of the active advocacy of the NGO Plan, the United Nations Population Fund and UNICEF, the Government has reduced the costs of registering births. UNICEF has assumed responsibility for training professionals of all levels regarding the Convention on the Rights of the Child. The direct participation of young people in radio programmes has also drawn attention to issues relating to the promotion of the rights of the child in the country.

5. Hundreds of communities have been made aware that they should not send their children into towns to look for work. Street children have been sent back from Accra to the villages they came from. This repatriation process is accompanied by life skills training so that they can learn a trade. Adolescent mothers living on the streets have been trained in antenatal care and young child development services.

6. In the focus districts and communities of the northern region, the decentralized programme for community capacity-building has developed local planning and negotiation capacities to improve services such as water, sanitation, girls' education, health care and the protection of children. Substantial progress has been made in the districts as far as the preparation of annual medium-term and integrated plans under the national poverty reduction strategy are concerned. The project has also established a system of follow-up and evaluation in the districts where it is operational. Hundreds of communities have drawn up annual community action plans in the past three years, thereby exceeding the objectives set by the general plan of operations.

7. The programme has drawn up a strategy for combating HIV/AIDS in support of activities being carried out by the Government and other partners. The strategy targets high-risk groups, peer education, the prevention of mother-to-child transmission, orphans, vulnerable children and sexually transmissible infections. Progress has been swift in some areas but modest in others. The support given to high-risk groups and peer education, both within and outside schools, has involved 60,000 young people in Accra and selected districts. Valuable lessons have been drawn from the establishment of pilot sites for the prevention of mother-to-child transmission in two hospitals; the Government has decided to extend the experiment to 26 hospitals and to turn it into a national programme. The increase in HIV observed at the two sites is cause for concern, given the prevalence rate of about 12 per cent among those women in antenatal care who agree to be screened.

8. Polio eradication is a major priority with the discovery of eight cases in 2003 which were probably imported from neighbouring countries. The anti-measles campaign supported by UNICEF has been a great success, with an 80 per cent reduction in the number of cases and complications associated with the disease. The coverage rate for the triple dose of diphtheria/pertussis/tetanus vaccine (DPT3) increased from 76 per cent in 2001 to 80 per cent in 2002. The new pentavalent vaccine (DPT, hepatitis B, *haemophilus influenzae*) was introduced in December 2001 with financing from the Global Alliance for Vaccines and Immunization. Vitamin A has been distributed during anti-polio drives, and has been given to almost all children. Efforts to eradicate dracunculiasis have been disappointing, with cases being reported from areas where it had disappeared.

9. The Accelerated Child Survival and Development strategy was launched in 2002 in two of the ten regions of the country (19 districts). The support given through this strategy covers all aspects of interventions such as the monitoring of non-vaccinated children, the marketing of impregnated mosquito nets to protect pregnant women and children, the deparasiting of all children, the integrated management of childhood illness, the training of health personnel, and the provision of folate supplements to pregnant women and the promotion of iodized salt. Exclusive breastfeeding has made good progress in communities supported by UNICEF where communications strategies to bring about behaviour change have been employed since 2001. The 50 per cent target in the general plan of operations has been exceeded.

10. A broader partnership with the Ghana Red Cross and other NGOs has been shown to be very effective in improving the practice of exclusive breastfeeding in the communities targeted. Consumption of iodized salt has been advancing slowly but surely, from 28 to 50 per cent between 1998 and 2002. The national coverage

rate for the double dose of Vitamin A increased from 89 per cent in 2000 to 96 per cent in 2002. The household food security project has not achieved its targets. However, progress has been made in the granting of credit to 13,319 women and adolescents in 250 communities through microcredit institutions. Collaboration with the private sector has made it possible to produce and sell iodized salt and Vitamin A enriched oil.

11. In cooperation with other development partners, UNICEF has actively supported the development of the strategic plan for education 2003-2015. This plan has served as a support for Education for All, the acceleration initiative for education and the sectoral approach in the field of education. It has been a great success in the education sector. The UNICEF contribution in drawing up the new education act and technical support for sectoral reviews and the schools charter have been broadly acknowledged by the Government and partners. UNICEF has also contributed to the development of models for district education plans. The enrolment of girls has increased more rapidly in districts supported by UNICEF than in the rest of the country. These results must be attributed to the training of teachers, the supply of textbooks, teaching and play materials and the creation of a more attractive school environment through the installation of sanitary equipment and the provision of water.

12. The partnership has been decisive in the success of a number of interventions relating to education. The organization of joint review and planning sessions of Ghana's educational authorities and focus regions and districts has brought together the various levels of the Ministry of Education, which has made it possible to integrate practical experience on the ground and policy. The Ministry has now taken over the planning processes at national and district levels. The schools charter adopted in 2003 aimed at ensuring better targeting of children within and outside school.

13. A policy for the development of the young child has not yet been adopted, which explains the poor coordination of the sector's activities. The low capacity of national personnel in implementing the young child development approach is another challenge.

14. **Resources utilized.** The five-year programme has a budget of US$ 60 million, $17.2 million in regular resources and $42.8 million in other resources. This amount does not include the emergency fund ($806,000) obtained following the humanitarian crisis in Côte d'Ivoire. Between 2001 and 2003 the total received (regular resources and other resources) was $31.7 million, while non-mobilized other resources totalled $4.1 million. The Governments of Canada, the United States of America, France Ireland, Japan, Norway, the Netherlands and the UNICEF National Committees of Austria, Canada, Denmark, the United States of America, the Netherlands and the United Kingdom contributed to other resources. International agencies also contributed, including the International Development Research Centre, Rotary International, the Conrad Hilton Foundation, and the United States Centers for Disease Control and Prevention. Approximately 14 per cent of the funds received were spent on programme support.

15. **Assessment of programme strategies and lessons learned.** Ghana is strengthening its sectoral planning reforms. Sectoral approaches to health have been supplemented by proposals for education and rural hydraulics. The donor budgetary support system currently supported by the World Bank, the International Monetary

Fund and bilateral partners is gradually becoming one of the most important mechanisms for defining priorities and for political dialogue. Decentralization reforms have been reviewed and the Government has adopted a new plan of action for decentralization. The country programme will take advantage of these institutional reforms for the next cycle.

16. The office reviewed the general plan of operations in the light of the medium-term strategic plan and made some minor adjustments to its work plan to better accommodate the plan's priorities. The following are the main recommendations made by the midterm review: good experience was gained in the implementation of several sectoral and cross-sectoral programmes in the eastern and northern regions; the lessons thus learned must be applied in other districts and regions so that what has been achieved can be replicated elsewhere, while placing emphasis on key areas of intervention; the decentralized community capacity-building programme should strengthen management at the regional level and focus on support for planning, monitoring and evaluation, as well as on budgeting, in order to provide adequate basic services; community-level support should emphasize change in behaviour; support for targeted interventions (accelerated child survival and development strategy) will continue to be a key strategy; more attention should be given to the eradication of dracunculiasis and polio; support given to many NGOs for the promotion and protection of rights programme must be evaluated in order to enhance government capacities; the Ministry of the Woman and Child should assume full responsibility for the programme on behalf of the Government; and actions in the field of birth registration, child trafficking and migration must be reinforced.

17. **Agreed recommendations.** The geographical coverage of life skills programmes must be reviewed; they should concentrate on the neediest rural areas. The fight against HIV/AIDS will be at the heart of programming between UNICEF and its key partner, the Ghana Commission on HIV/AIDS. There will be an accelerated approach to education for girls in selected regions to assist the country to achieve gender parity in primary education in 2005. Strategic UNICEF assistance to make the Ministry of Education's sectoral plan a reality will provide support for district education plans in 110 of them. The objectives of the development of the young child project will be redefined. Further efforts will be made to develop indicators and to expand proven community strategies. The number of nutrition actions needs to be limited and activities with a nationwide impact need to be reinforced. The microcredit project will have to be assessed in 2004. Vigorous advocacy will be needed to enforce the law on the production and marketing of iodized salt.

Chad

18. **Midterm review preparation process.** The midterm review of the programme of cooperation took place at N'Djamena in November 2003. A steering committee responsible for coordination and sectoral committees in charge of drafting sectoral documents were set up by ministerial decree.

19. Preparing for the midterm review involved all partners who would be contributing to its implementation. At the beginning of the year a work plan listing the tasks to be accomplished, the responsibilities of the different actors and the

implementation timelines was drawn up. The sectoral operational plans, annual reports, annual plans of action for 2001-2003, the common country assessment, the poverty reduction strategy paper, the medium-term strategic plan and the methodological analysis paper were circulated to assist in the various analyses. The secretaries-general, directors and national technicians, as well as managers from United Nations system agencies and the UNICEF regional office took part in the review, and its results were shared with the embassies of member countries of the Executive Board in Chad.

20. **The situation of children and women.** High rates of infant and child mortality (194 per 1,000 live births in 2000), maternal mortality (827 per 100,000 live births) and a very high prevalence of child malnutrition are characteristic of Chad. The rapid spread of the HIV/AIDS pandemic is largely due to the infrequent use of methods of protection against sexually transmitted infections, numerous sexual partners, forced sexual relations and the dependent status of women in marriage. Cases of children needing special protection are becoming increasingly frequent because of, inter alia, deterioration of the quality of family life, weakening of parental authority, erosion of the social values which protect children and the difficulties experienced by the State in fulfilling its obligations. Both gross and net school enrolment ratios are low (75 per cent and 60 per cent respectively) and there is still a huge gap between boys (92 per cent and 71 per cent) and girls (59 per cent and 48 per cent). There are also still considerable disparities among different regions. In primary education the increase in space and supervisory capacity has not kept up with that of the school-age population. A ratio of one teacher for every 71 students adversely affects the quality of the teaching. Only 0.8 per cent of the children have the benefit of pre-school facilities. The lack of information and training among both parents and social workers about the psychomotor development of small children continues to challenge the integrated approach to the development of the young child.

21. **Key achievements and constraints.** The purpose of the country programme for 2001-2005 is to improve the living conditions of children and women by working for the recognition and implementation of their rights. The programme's objectives, as spelled out in the programme recommendation, are to help to: reduce the infant mortality rate from 103 to 82 per 1,000 live births, the infant and child mortality rate from 194 to 145 per 1,000 live births and the maternal mortality rate from 827 to 662 per 100,000 live births; give 80,000 children, adolescents and women access to high-quality basic education; and promote implementation of and compliance with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

22. The cross-sectoral dimension of the programme is growing. The HIV/AIDS committees, the projected accelerated child survival and development strategy, and the integrated approach to the development of the young child in Chad are all operational and have already adopted plans of action for 2003-2004 which are in the initial stages of implementation. Those with whom partnership has been broadened and intensified include the Children's Parliament, traditional chiefs, associations, national NGOs, the public and private media (through cooperation agreements) and United Nations agencies. The combined HIV/AIDS operations in the Kélo area and the projected accelerated child survival and development strategy with the support of the World Health Organization are examples of this. In the field of child survival the DPT3 coverage rate has greatly improved in the programme areas, particularly

where the accelerated strategy for child survival and development is being implemented. In Béré the percentage of women obtaining prenatal consultation has risen from 21 per cent in 2001 to 54 per cent in 2003. The prevalence of iodine deficiency disorders in children aged 6-12 is now no more than 5.3 per cent, as compared to 63 per cent in 1993. About 77 per cent of the households nationwide consume iodized salt, as compared with 85 per cent in the programme areas. During the first three years of the cooperation cycle, 36 per cent of the total population targeted by the sectoral operational plan for water had access to drinking water. Primary school enrolment showed a clear improvement of indicators in the programme areas, the gross enrolment ratio for girls increasing from 50 per cent in 1998-1999 (81 per cent for boys) to 77 per cent in 2001-2002 (108 per cent for boys). The protection component, previously relatively unknown, benefited from the research carried out during the first three years of the cooperation cycle. The programme currently has a working basis for special child protection, which emphasizes legal and socio-economic protection. In 2002 the programme initiated a decentralized planning process in the 10 programme areas. As of now, each of these areas has a team capable of carrying out the planning process with the communities. In partnership with the United Nations Development Programme and with the support of the UNICEF office in Benin, a *DevInfo* database has been created at the Institute for Statistics, Economic and Demographic Studies to monitor the national poverty reduction strategy and the Millennium Development Goals. As for the integrated monitoring and evaluation plan, a comprehensive assessment of its achievements reveals a distinct improvement between 2001 and 2003. The quality of the inquiry, study and evaluation reports has improved thanks to a better definition of the terms of reference and a better management of consultants.

23. On the political scene, the first three years of the programme of cooperation's implementation saw the second competitive Presidential and legislative elections to be held in the history of Chad. Border instabilities also accompanied the first half of the cooperation programme cycle, first in the Central African Republic, then in Darfour (Sudan). In December 2003, it was estimated that 50,000 refugees from Sudan were living in the eastern region. Their number is growing constantly.

24. In the economic field, in October 2003 the first barrels of crude were exported under the petroleum project. Chad has undertaken to allocate 80 per cent of its oil revenues to priority areas, such as health and education. In June 2003 it adopted a national poverty reduction strategy, with the support of various development partners.

25. **Resources utilized.** Financing was effectively mobilized through robust advocacy with the donor community. Thus, of the US$ 13.9 million estimated to be needed for the next five years, $7.5 million were mobilized for the first three years of the cooperation cycle. Other resources went to the health and nutrition programme, the basic education programme and, to a lesser extent, the water and sanitation programme. The advocacy and communication, decentralization and monitoring programmes had no other resources allocated to them. The programme received $8 million in regular resources, including the global funds for girls' vaccination and school enrolment. The rate of utilization of funds averaged 98 per cent for regular resources and 85 per cent for other resources.

26. **Assessment of programme strategies and lessons learned.** Delays in the flow of resources between the central and decentralized levels, and the slowness in justifying financial advances to the Government, which has been a recurrent feature of the three-year cooperation cycle, have meant that the implementation of some activities has been delayed. High management turnover due to the continual reshuffling of ministerial posts (at the rate of three to four governments per year) has resulted in capacity-building having to constantly restart. The fact that some parts of the country are completely cut off during the rainy season, the poor state of the roads, as well as communication difficulties slow down the work.

27. The main window of opportunity will be the oil revenues and the Government's pledge to allocate 80 per cent of its earnings to priority areas, including health and education. The State should take an increasingly active part in funding the programme, particularly by defraying the running costs of the cross-sectoral technical teams hitherto supported by the programme. The partnership developed with traditional chiefs, associations, national NGOs and the media will also give the programme a chance to more easily reach targeted women, children and communities. Actions coordinated with other cooperation agencies to backstop sectoral strategies, as well as with the United Nations system, through the United Nations Development Assistance Framework (UNDAF) and through joint programming, also provide an opportunity for achieving better results.

28. Lessons learned from this review: (a) it is essential to limit the geographic programme areas in order to enhance the effectiveness of what is done and to meet emergency needs in the eastern region. Insofar as actions initiated over the last three years need to be consolidated, the programme will have to be more sharply focused and have a higher visibility; (b) the community planning and monitoring approach initiated by the programme can succeed provided the State is ready to assume effective responsibility for the support structures and the cross-sectoral technical teams; (c) innovative approaches (accelerated child survival and development strategy, the strategy for reaching every district, accelerated school enrolment for girls, local development planning) have demonstrated their worth by improving the situation of children and also their potential in rallying partners to popularize these approaches and extend them to other parts of the country.

29. **Agreed recommendations.** The last two years of the cooperation cycle will see the programme move towards: (a) more visible results in keeping with the priorities laid down in the medium-term strategic plan; (b) stronger programming based on human rights and results-based management; (c) being constantly mindful of the emergency factor.

30. It is proposed that the programme be reorganized into five components (child survival, child development, child protection, advocating and promoting social rights and policies, planning and monitoring) while building capacities in anticipation of the 2006-2010 programme. In view of the dangers children face and their vulnerability, under the new structure child protection will become a fully independent programme. HIV/AIDS, hitherto submerged in the support project for national programmes under the health and nutrition programme, will become a project in the child survival programme, with special emphasis on parent-child transmission and a fresh look at prevention among young people. The water and sanitation programme will become a project under the child development programme and is obviously closely interrelated with the development of the young

child and the education of the girl-child. Its activities will target the in-school population in synergy with these two components, not forgetting child survival. Girls' education has been confirmed as the gateway to all the programmes in those areas where it impinges upon them. Over the next two years the cross-sectoral mechanism will be reinforced. Programme outreach will be separated from advocacy and social mobilization and become a cross-cutting element in overall country programme support. The current "decentralization and monitoring of vulnerable groups" programme will be renamed "social policies, planning and monitoring", which better reflects its content. The country programme will be concentrated in the 10 programme areas and 5 programme towns. However, the education project for nomadic communities and activities to control iodine deficiency disorders will take in areas other than the above in order to reach targeted groups. An area office will be set up in Abéché, in the eastern part of the country, to better respond to emergencies.

Burkina Faso

31. **Midterm review preparation process**. The midterm review of the Burkina Faso-UNICEF cooperation programme for the 2001-2005 period was held in January 2004 in Ouagadougou. Various methods were employed for the collection of information used in the review: documentary review; comparison of data on progress recorded in the area of convergence with data from the country as a whole; mapping of the intervention areas; the conduct of specific studies; evaluation of cross-cutting strategies (gender equality, rights and participation of children); and analysis of the links between the programme and programme documents, including the poverty reduction strategy document, the medium-term strategic plan, the UNDAF and the Millennium Development Goals.

32. Presided over by the Minister of the Economy and Development, along with several other ministers, the review mobilized more than 250 participants from the central and decentralized public administration, agencies of the United Nations system and of bilateral and multilateral cooperation, local communities, civil society, non-governmental associations and organizations, religious and traditional authorities, the country UNICEF office, and the regional office.

33. **The situation of children and women**. The situation of children in Burkina Faso is still troubling. The gross national product of US$ 268 per inhabitant makes the country one of the poorest in the world. The under five mortality rate is 207 per 1,000 live births (2002); 27 per cent of children under five suffer from severe or moderate growth retardation. Malaria is the principal cause of child mortality (45 per cent of deaths). The country has seen an upsurge in cases of polio and meningitis. The prevalence of HIV among adults, estimated at 7 per cent in 1997, went from 6.5 per cent in 2001 to 4 per cent in 2003. More than 50 per cent of new infections occur in adolescents. Three quarters of infected persons are aged 15 to 40. Slightly more than one in three women is assisted at delivery by a qualified health professional. Maternal mortality remains high under these conditions.

34. The gross of school enrolment ratio remains among the lowest in the world (52 per cent, with great regional disparities), although the access of girls to school improved during the 2001-2003 period, from 37 per cent to 46 per cent. In 2003, 85 per cent of households had access to drinking water. More than 70 per cent of households in Burkina Faso still have no access to adequate latrines. Few schools

are equipped with water sources or separate latrines for girls and boys. Women and children in Burkina Faso are still victims of multiple injustices, sexual violence, trafficking, prostitution, and so on. Widows and orphans are victims of expropriation and despoliation. The efforts to achieve rights for children and women are hampered by an inadequate enforcement of national and international instruments, even when ratified by the Government, the persistence of sociocultural constraints, the inadequacy of resources allocated to the basic social sectors, and ever-increasing poverty.

35. **Key achievements and constraints**. The assessment of the progress and the principal results of the programme covers procedures, the provision of basic services, access to these services, coverage, and qualitative changes attributable to the programme or achieved in partnership. Thanks to the support of UNICEF, the geographic accessibility of health facilities has improved. Thus, in the programme's area of convergence, 65 per cent of the population is less than 10 kilometres from a health centre, a level that already exceeds the target of 55 per cent for 2005. Half of the population has access to quality care, including obstetrical emergency services; the target envisioned for 2005 is 65 per cent. The percentage of women assisted at delivery by a qualified medical professional rose from 24 per cent in 2000 to 30 per cent in 2002. Coverage of prenatal consultation services has grown from 24 per cent to 66 per cent, compared to a national average of 61 per cent. Support for health management committees has made it possible to train all the staff of these structures, and 80 per cent of them manage their finances effectively. UNICEF assistance for the expanded programme of immunization, along with the efforts of the Government and other partners has led to a net improvement in vaccination coverage at the national level. The coverage rate for DPT3 rose from 57 per cent in 2000 to 71 per cent in 2003. In 6 of 11 districts in the intervention area, DPT3 coverage has exceeded the 75 per cent level that had been the national target. Support for national immunization days has allowed for the expansion of antipolio vaccine and vitamin A coverage to more than 100 per cent during the past three years. Thanks to the support of UNICEF, 60 per cent of households in the intervention area use iodized salt. In two pilot districts for the prevention of mother-child HIV transmission, 22 per cent of pregnant women examined in prenatal consultation are agreeing to HIV screening only seven months after the launching of the intervention. More than 800 youth clubs supported by the programme are functional and run information and sensitization activities.

36. The education programme has led to an increase in the provision of basic education in the area of convergence. As a consequence, the enrolment rate rose from 43 per cent in 2001 to 48 per cent in 2003 in this area. Advocacy and social mobilization undertaken by UNICEF in collaboration with other partners, as well as incentive measures taken by the Government, have made possible improved access for girls to school, the rate of enrolment having increased by 44 per cent in 2002 and 2003. More than 3,110 students, of whom more than 1,289 were girls, have enrolled in satellite schools. Moreover, 2,032 children, 38 per cent of the number envisioned for 2005 (1,096 girls and 936 boys), have enrolled in 26 community facilities for the training of young children (Bisongo). Enrolment in informal basic education centres has increased from 1,500 to 2,051, of whom 872 were girls, which is 41 per cent of the enrolment envisaged for 2005. The Bisongos, satellite schools and centres have been officially recognized as viable solutions complementary to the basic education system.

37. The number of cases of dracunculiasis fell from 1,957 to 203 between 2000 and 2003. The water and sanitation programme has provided access to drinking water in virtually all satellite schools, informal basic education centres, and Bisongos.

38. The activities of the experimental project to combat trafficking in children have given this phenomenon more visibility. The struggle against this trafficking has been extended to other provinces. The ratification of the Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (Convention No. 182), the adoption by the National Assembly of a law concerning the definition and suppression of trafficking in children, and the elaboration of the protocol agreement between Burkina Faso and Mali constitute significant advances in the legislative area. The communication activities of the integrated communication plan have involved all the UNICEF priority areas.

39. The planning, monitoring and evaluation capabilities of many national personnel have been reinforced. The integrated monitoring and evaluation plan, and geographic information systems, including DevInfo, have been developed and are operational. An appropriate and effective response has been given to the needs of nationals of Burkina Faso repatriated from Côte d'Ivoire, the majority of whom are children and women. Satisfactory results have been recorded in the management and disbursement of cash advances made to the Government.

40. **Resources utilized**. During these three years, the programme received US$ 29.2 million, as compared to the US$ 22.9 million anticipated by the general plan of operations for the same period. The share of general resources is 40 per cent and that of other resources 60 per cent. The financing rate of the programmes, with the exception of water and sanitation, exceeds 100 per cent. The fund mobilization level is therefore satisfactory. This strong mobilization of resources is accounted for by funds allocated for immunization campaigns and contributions of donors, mainly Belgium, the United States of America, the Netherlands, Norway, Sweden, Switzerland, and the European Union. The rate of expenditure was 87 per cent in 2001, 74 per cent in 2002, and 83 per cent in 2003.

41. **Assessment of programme strategies and lessons learned**. Burkina Faso is a landlocked Sahelian country whose economy rests on monoculture of cotton, the country's principal source of foreign exchange (50 per cent of imports). Widespread illiteracy and the very low social status of women, especially in rural areas, hinder any real promotion of the rights of children and women, and make it difficult to change harmful behaviours. The crisis in Côte d'Ivoire has created additional needs outside of the country programme's area of convergence.

42. In 2003, Burkina Faso presented its second report to the Committee on the Rights of the Child. The recommendations were taken into account by the programme for the rest of the cycle. Collaboration with agencies of the United Nations system in the implementation of the UNDAF has created a favourable climate for harmonization. Burkina Faso is also eligible for several initiatives that have been beneficial to the programme, of which the most important are the Global Alliance for Vaccines and Immunization and the Global Fund to fight AIDS, Tuberculosis and Malaria. Burkina Faso is also one of 25 target countries of the UNICEF acceleration strategy to increase girls' school enrolment during the 2002-2005 period.

43. Studies of student performance in satellite schools, girls' education, gender inequality, curricula and the traditional care of young children are being used to correct shortcomings in access to education and improve education availability and effectiveness. Rehabilitation work in the satellite schools and the non-formal basic education centres has been guided by an assessment of socio-educational infrastructures. A research activity under an experimental project to combat trafficking in children led to the adoption and extension of the strategy employed by the project to other provinces. A forward-looking study on sexual violence against children has made it possible to address some aspects of this problem.

44. Lessons have been learned from studies and evaluations conducted by the programme in the course of its implementation during the 2001-2003 period. In the Fada district, the contribution of school and community gardening to a lasting improvement of the nutritional status of children and women has created a genuine strategic alliance around the school, with effective participation by women, especially the most deprived. This approach should be reinforced and extended across the country. The organization of joint supervisory missions with partners to project sites in the area of convergence, previously a weak link in implementation, has allowed for better execution of activities. The recommendations of these missions are increasingly being followed up and put into practice.

45. **Agreed recommendations**. The review made some recommendations, the most important of which are the following: (a) several project and sub-project goals must be reformulated or refined; (b) a greater financial contribution is required from the Government in the implementation of the cooperation programme; (c) it is necessary to reinforce intersectorality for the achievement of objectives, notably in the priority areas of girls' education, integrated young child development, and the struggle against HIV/AIDS; (d) the programme must continue its strategy of geographic convergence by reinforcing communication and advocacy at all levels; (e) the programme must also continue the strategies of acceleration of young girls' education and child survival and development, and pay great attention to the process of the Common Country Assessment and of the UNDAF, which will begin in 2004.

46. The review proposed a reinforcement of human resources at the level of the health section of the country office, in view of the many challenges arising from the acceleration strategy for child survival and development, immunization, planning, and the follow-up of activities in 13 health districts.

Major evaluations

47. In 2003, the 24 country offices in West and Central Africa conducted 70 studies, 61 evaluations and 35 surveys, at a total cost of US$ 2.6 million. This report pertains to the following three: (a) the study on sexual abuse and exploitation of children in the Gambia; (b) the evaluation of non-formal basic education in Chad; (c) the evaluation of the dracunculiasis eradication programme in Benin.

Sexual abuse and exploitation of children in the Gambia

48. Anecdotal accounts and the results of recent exploratory studies indicate that sexual abuse and the commercial exploitation of children are a new and harmful phenomenon in the Gambia. The Committee on the Rights of the Child has therefore recommended that the Gambia should conduct a study on the problem, with the following objectives: (a) to determine the nature and scope of these cruel and

inhuman practices and to draw up recommendations for combating them; (b) to use the empirical data of this study to put this issue on the national agenda and to impel the collective national conscience to act for the elimination of this evil in the Gambia.

49. The study targeted approximately 100 children and adult prostitutes, students, security personnel, community and religious leaders, members of civil society and of the Government, tourist officials and NGOs. It comprised qualitative and quantitative research, including discussion groups, observations by participants and interviews with key persons.

50. The study reveals that sexual exploitation of children certainly exists in the Gambia's tourist sector. Nearly 100,000 tourists visited the country in 2003, primarily in order to have sexual relations with children. However, the most common form of sexual abuse and exploitation is the "sugar daddy"; this involves the sexual abuse and exploitation of girls by Gambian men, in exchange for money and gifts.

51. According to the study, children fall prey to sexual abuse and exploitation as a result of poverty; poor enforcement of the law; lack of job training and employment opportunities; cultural attitudes which deter the victims from speaking out; the fact that these children are not registered; and the immorality of certain adults.

52. The report makes the following recommendations: (a) prevention through awareness-raising, information-sharing, the establishment of youth-friendly health services, and vocational and life skills training for young people; (b) legislative reform and effective enforcement of the law; (c) the recovery, rehabilitation and reintegration of victims of sexual abuse and exploitation; (d) improved coordination and the establishment of networks and partnerships; (e) the registration of births and obtaining of birth certificates for all children.

53. The Government of the Gambia has demonstrated its political will and respect for its international obligations by taking measures for prevention and for the protection of children against sexual abuse and exploitation. It has adopted a new law bringing together all provisions on children's rights scattered through Gambian legislation, in an attempt to bring the laws into line with the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the African Child and other international agreements. A national child policy has been drawn up; the next step will be to implement these laws. With the support of UNICEF and the newly formed alliance to protect children, the department of social welfare has taken the lead in raising public awareness of issues linked to the sexual exploitation and abuse of children.

Evaluation of non-formal basic education in Chad

54. The purpose of the non-formal basic education project is to offer a complement to formal education for children who are unenrolled or have dropped out of school, thereby enabling the Government to provide basic education to the largest possible number of children. Its objectives are: (a) to establish 25 non-formal basic education centres in 5 experimental zones covered by the UNICEF programme, beginning in October 1999; (b) to admit 2,000 children who are unenrolled or have dropped out of school, 50 per cent of whom should be girls. The costs of the project are being covered by UNICEF.

55. The evaluation was conducted in 2003 and was part of the more comprehensive evaluation of the African Girls' Education Initiative, of which it is one component. The purpose is to assess the project's impact, and the findings will make it possible to decide whether to continue, modify or cancel the project.

56. The evaluation was carried out by the following methods: a documentary review; a survey among the non-formal basic education structures; and interviews with the directors of the central and decentralized structures involved in the experiment, village communities, parents of students and instructors at the non-formal basic education centres.

57. The findings of the evaluation indicate that, from a quantitative perspective, the objectives have generally been attained: 22 of the 25 centres set up in October 1999 continue to operate; and 2,321 students, including 1,158 girls, almost half the total number, have been enrolled. The fact that students have enrolled at these centres proves that there is a demand for education that the regular school system is unable to meet. However, the evaluation revealed that, from a qualitative perspective, there are gaps between the original objectives and the actual manner in which the centres are being operated. The non-formal basic education centres are being attended by children whose ages do not fit within the requisite framework. In some villages, the centre has replaced the community school, which uses a formal curriculum. There is a high turnover of trained staff, and in some centres, the children are being taught by community schoolteachers. The teaching in the centres is still theoretical and book-based, and, as in the formal sector, is inspired and guided by the syllabuses and textbooks used in traditional primary schools. These deviations are attributable to inadequacies in the design and implementation of the project.

58. In conclusion, the evaluation stresses that, in their current form, the centres bring nothing new to the educational system; they simply perpetuate the formal educational system. The evaluation recommends that the non-formal basic education centres be converted into community schools. The lesson learned is that a project of this kind should have been tested on a smaller scale before being implemented in five zones.

External evaluation of the dracunculiasis eradication programme in Benin

59. Benin has drawn up and implemented a programme to eradicate dracunculiasis, with the technical and financial support of its partners, including UNICEF. As a result, the number of cases has dropped by 96 per cent, from 37,414 in 1990 to 172 in 2001. Although considerable progress has been made, dracunculiasis has not yet been eradicated. This evaluation is a follow-up to the recommendations made at the meeting of national programme coordinators (Ouagadougou, 2000) and at the meeting to review national programmes for the eradication of dracunculiasis (Niamey, 2000).

60. The objective of this external evaluation is to assess the impact of the programme before it reaches the certification stage. The evaluation covered 220 districts scattered throughout the areas of the epidemic where the disease has been successfully eradicated. The methodology consisted primarily in visits to the field to gather information from the different actors in the fight against dracunculiasis.

61. The evaluation reveals that all the districts were monitored almost monthly during 2000 and 2001. In most cases, epidemiological data is available and the records of districts and communities are accessible and well-kept. Follow-up is satisfactory. It appears that dracunculiasis is a fairly well-known infection in all parts of Benin. The population is able to give a fairly accurate description of the methods of transmission and prevention, and generally attempts to stop it from spreading.

62. Partnerships have played a major role in these achievements. In addition to UNICEF, several agencies are supporting the programme, in particular by covering the cost of staff salaries, the purchase of fuel, the participation of programme directors in international meetings, and the purchase of rolling stock. Village volunteers are actively involved in the implementation of the programme.

63. There are several remaining constraints. There is limited involvement of local NGOs and women's associations in the eradication programme. Although there is a relatively good drinking water coverage rate, a sizeable portion of the population still uses water from ponds, marshes and streams because the water point is very far away; the well water rises slowly, which causes long queues at the pump; and they do not like its taste. On the other hand, surface water is accessible and free, particularly during the rainy season. The reduction in funds allocated for the fight against dracunculiasis by all parties involved has led to a reduction in interventions and decreased surveillance and monitoring, in a situation where the achievements are precarious.

64. Taking into account the complex constraints and obstacles facing the eradication programme, the evaluation makes the following recommendations: to integrate the activities of the eradication programme more fully into other health programmes, in order to keep the village volunteers and community coordinators motivated; to coordinate the activities of the programme staff working at the border between Benin and Togo; and to continue the efforts to provide drinking water, especially to the villages which have none.

Conclusion

65. The excessively high number of activities which country offices are including in their integrated monitoring and evaluation plans (166 studies, surveys and evaluations conducted in 2003 and more than 200 planned for 2004) makes the evaluations less efficient and of lower quality. The country offices must substantially decrease the number of studies, surveys and evaluations they carry out. The workshop organized in May 2003 by the regional office for the persons in charge of monitoring and evaluation in the region and systematic monitoring of the performance of the country offices, using the system of indicators for quality control, are steps towards improvement of the quality of evaluations conducted in the region.